



Serial No. 09/931,216
Atty. Dkt. PP00037.202
2300-0037.04

CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8

I hereby certify that these papers are being deposited with the United States Postal Service as first class mail with sufficient postage addressed to Commissioner for Patents, Alexandria, VA 22313, on 3/9/04.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

COUSENS et al.

For: **EXPRESSION USING FUSED GENES
PROVIDING FOR PROTEIN
PRODUCT**

Serial No.: 09/931,216

Filed: August 16, 2001

Atty. Docket No.: 2300-0037.04

Examiner: M. Allen

Group Art Unit: 1631

Confirmation No.: 3820

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is responsive to the Final Office Action mailed December 9, 2003 for which a response is due on or before March 9, 2004. Accordingly, this response is timely filed.

Remarks begin on page 2 of this response.



61 Image

AF 1631

Serial No. 09/931,216
Atty. Dkt. PP00037.202
2300-0037.04
PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on

3/9/04
Date

[Signature]
Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

COUSENS et al.

Confirmation No.: 3820

Serial No.: 09/931,216

Art Unit: 1631

Filing Date: August 16, 2001

Examiner: M. Allen

Title: **EXPRESSION USING FUSED GENES PROVIDING FOR PROTEIN PRODUCT**

AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action dated December 9, 2003.

 Applicants request an extension of time for month from to . Enclosed is a check to cover the \$ fee.

 X No additional fee is required.

 X Also enclosed: Return Postcard.

No. of Claims After Amendment			Most Claims Previously Paid			Extra Claims		Additional Fee	
A. Total Claims	11	-	20	=	0	x	\$18	=	\$0
B. Ind. Claims	1	-	3	=	0	x	\$84	=	\$0
C. If amended to contain multiple dependent claims, add 280							\$280	=	\$0
D. Total Amendment Fee (Total of A, B & C)								=	\$0
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	\$0
F. Total Amendment Fee (D minus E)								=	\$0

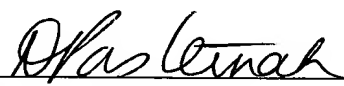
___ A check for \$ ___ to cover the extension of time fee and extra claims fee is attached.

___ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: March 9, 2004

By: 
 Dahna S. Pasternak
 Registration No. 41,411
 Attorney for Applicants

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